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## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

Assignee Name and Address:  The TriZetto Group, Inc.  Assignee Name and Address: The TriZetto Group, Inc.  Assignee Name and Address: The TriZetto Group, Inc.  State  Assignee Name and Address: The Indixidual whose signature and title is suppliceted because on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.	I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).		
OR    Practitioner(s) named below (if more than ten justent practitioners are to be named, then a customer number must be used)   Name	I hereby appoint:		
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used)  Registration Number    Registration   Name   Registration   Name   Registration   Rumber			
Assignee Name and Address:  The TriZetto Group, Inc.  Assignee Name and Address: The TriZetto Group, Inc.  Assignee Name and Address: The TriZetto Group, Inc.  State  Assignee Name and Address: The Indixidual whose signature and title is suppliceted because on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.	<b>.</b>		
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number  OR  Firm or Individual Name  Address  City State Zip  Country  Telephone Email  Assignee Name and Address: The TriZetto Group, Inc 567 San Nicolas Drive. Suite 360 Newport Beach, CA 92660  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be fill in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form If the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record  The individual whose signature and tale is supplicated seat on hebalf of the assignee.	Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used)		
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City State Zip  Country  Telephone Email  Assignee Name and Address: The TriZette Group, Inc. 557 San Nicolas Drive, Suite 360 Newport Beach, CA 92660  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be file in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record The individual whose signature and title is supplied below as authorized to act on hehalf of the assignee.	[X] The address associated with Customer Number		
Individual Name Address  City  Country  Telephone  Assignee Name and Address: The TriZette Group, Inc. 567 San Nicolas Drive, Suite 360 Newport Beach, CA 92660  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be file in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.	OR		
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Signature Act Oliver Land College 1/13/10		**************************************	
Name Yadi Karabelnik Telephone (944) 7/7 2337		Telephone (949) 7/9 2027	
Title AVP, Senior Counsel	Title AVP, Senior Counsel		

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.31 and 1.34. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form anchor suggestions for reducing this businer, should be sent to the Critic Information Officer, U.S. Patent and Trademark Officer, U.S. Department of Commence P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ACIDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.